



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Pereira et al. Art Unit : Unknown
Serial No. : 10/735,972 Examiner : Unknown
Filed : December 15, 2003
Title : KINESIN-LIKE PROTEINS AND METHODS OF USE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

DECLARATION BY THE INVENTORS

As a below-named inventor(s), I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

KINESIN-LIKE PROTEINS AND METHODS OF USE

the specification of which:

was filed on December 15, 2003, as Application Serial No. 10/735,972, and identified as Attorney Docket No. 07917-198001.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

July 28, 2004
Date of Deposit
May J. Zender
Signature
May J. Zender
Typed or Printed Name of Person Signing Certificate

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I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u><input checked="" type="checkbox"/>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/433,098	December 13, 2002	Expired

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filing Date</u>	<u>Priority Claimed</u>

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these

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statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's signature: A. Pereira

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Citizen of: United States

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Full name of inventor: DIANA BIODEAU WENTWORTH

Inventor's signature: _____

Date: _____

Residence: Northboro, MA

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Post Office Address: 99 Ridge Road, Northboro, MA

Full name of inventor: RITA GANDHI

Inventor's signature: _____

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